

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

DUE DATE FEBRUARY 12, 1998

WH-5192

1997 ECONOMIC CENSUS BOOKS, PERIODICALS, FLOWERS, AND FLORISTS' SUPPLIES

OMB No. 0607-0825: Approval Expires 08/31/99

WH-5192

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to: BUREAU OF THE CENSUS 1201 East 10th Street Jeffersonville, IN 47134-0001 Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday: 1-800-233-6136 Please read the accompanying instructions before answering the questions. Census use

	(Please correct any errors in name, address, and ZIP Code.)															
	YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.															
Item 1. EMPLOYER IDENTIFICATION NUMBER Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?								Dollar figures should to thousands of do Example: If a figure is \$1,125,628.79 report	llars.	Bil- lions (000)	Mil- lions (000)	Thou- sands (000) 126	Dol- lars (000)			
ire		osury Form 941?						DOLLAR VOLUME BUSINESS	Bil.		125 Thou.	Dol.				
a.	ls thi	PHYSICAL L	nent's physical loc	ation the	same as	a.	for 19	and operating red 997 (Include the gro of business conducts)	oss selling		 	 				
	addre		In the label? (P. ohysical locations) 2 □ No – Report p		b.	b. Did this establishment earn commissions for the sale of merchandise? 121 1 Yes - Go to line c 2 No - Skip to line e Bil. Mil. Thou. Dol.										
	Num	nber and stree	t			C.	cond	s selling value of bucted on a commi (Include in item 4a)	ssion	122		1110d. 	<i>D</i> 01.			
	City,	town, village	, etc.	State	ZIP Code	d.		nissions received actions reported in it		123	 	 				
b.	Is this establishment physically located inside the legal							– If this is the only	establishme	ent of th	is firm :	skip to it	em 5			
	boundaries of the city, town, village, etc.? OBS 1 Yes 3 No legal boundaries 2 No 4 Do not know						estab mine	ent of products so lishment manufac d in the United St company or subsi	Percent 124 %							
C.	In wi phys	what type of municipality is this establishment hysically located? 6 1 City, village, or borough						f. Value of transfers to other establishments within your company (DO NOT include in item 4a)					Dol.			
		2 Town o 3 Other – 4 Do not	Specify		P	Item 5. PAYROLL Payroll in 1997, BEFORE DEDUCTIONS a. Annual					Thou.	Dol.				
		what county (e.g., Dade County) is this establishment ysically located?						b. First quarter (January-March)								
Item 3. OPERATIONAL STATUS a. How many months during 1997 was Number of months 002								Item 6. EMPLOYMENT a. Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)					•			
b . 1	 Whic	h of the follo	nt actively operate owing best descril of 1997? Mark (X)	es this es		_ b.	. List t emplo (1) Se	he above employe oyee's primary fur elling		131	Number	•				
	001	1 In operation 2 Temporarily or seasonally inactive 3 Ceased operation – Give date at right 4 Sold or leased to another operator – Give date at right AND enter name, etc., below Sold or leased to another operator						ales support (includi erical, warehousing, rvice, maintenance ivers)	customer	132						
ſ								(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.) (4) Manufacturing					133			
	Nam												134			
		nber and stree	t	1-		(5) Other – Specify					135					
	City			State	ZIP Code		NOTE	– The sum of lines 1 th	nrough 5 shou	ld equal :	total em	ployment				

Item 7. OPERATING EXPENSES				Mil.	Thou.	Dol.	Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS	
Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense)					 		a. Kind of business What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only	
lte	em 8. INVENTORIES						ONE box.	
a.	Did you have invente	ories a	t the end of 1	996 or	1997?		070	
	180 1 ☐ Yes - Com 2 ☐ No - Skip to	•		f the ite	m	(1) Books, periodicals, newspapers, and printed materials		
b.	Were inventories of the last-in, first-out (this es	tablishment s method of val	ubject luation	to ?	(2) Flowers and florists' supplies and nursery stock	,	
	185 1 Yes – <i>Use</i>				lus the l	(3) Other kind of business – Specify		
	resel 2 \square No – Comp		lines c and c(2) ly line c					
End of 1997				End of 1996				
		Mil.	Thou. Dol.	Mil.	Thou.	Dol.		
		046	i	047	i		b. Selling characteristics	
	Total inventories				 	 	(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE	
C.	Total inventories	181		186	-		box.	
	(1) Amount not subject to LIFO				1		068 From physical displays of priced merchandise 1	
	costing				I .		From a counter (little or no display) 2	
	(2) Amount publicat to	182		187	İ		From a warehouse or office	
	(2) Amount subject to LIFO costing				1		Other – <i>Describe</i> 4	
	(gross)				-			
		183	! !	188	1			
	(a) Amount of the LIFO reserve		i		i			
		184		189	1			
	(b) LIFO value of the line c(2) (net)				 			
	NOTE The au	£1:-		0) -6		l:	(2) How did this establishment PRIMARILY	
	NOTE - The sur		nes c(1) and c(2 nes c(2a) and c(•		attract new customers in 1997? Mark (X) only ONE box.	
	line c(2		163 C(2a) and C(20/ 3110	uiu equi	aı	069	
-			_ PLIR <i>C</i>	HVGEG /	AT COST	VALUE	Location and store attractiveness 1	
Ite	em 9. TOTAL PURCHA MERCHANDISE				Thou.		Advertising to the general public, including	
Pu	rchases of merchandis			1	11100.	1 001.	direct mail advertising 2 🗀	
(Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins)					i !	 	Advertising to the trade or calls directly to customers	
N	OTE – If purchases are g explanation in the	greater e REMA	than sales, plea NRKS section	ase prov	vide an			
Ita	em 10. SALES BY CLA	1 S S O E	CLISTOMER	\/\/	nole per	cent		
	eport the percentage			VVI	of sales			
es	tablishment's total sa em 4a) to each class	ales in	1997	141				
(10	eili 4a/ to eacii ciass	or cus	tomer.				c. What percent of your sales are Percent	
	E						drop-shipped and do not enter this establishment?	
a. Export sales							-	%
b.	Restaurants, hotels, for	od serv	ices, and	142			Item 12. TYPE OF OPERATION	
	contract feeding			4			What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only	
c. Retailers and repair shops for resale or repair							ONE box. 060	
.J	Other wholesale estable	liohm -	ato for rossla	144			a. Own-brand importer and marketer	
a.	Other wholesale establ	iisnmen	its for resale	145			b. Merchant wholesaler (buying and selling on own account)	
e.	Industrial users for pro	duction	1				(1) Importer	
	(manufacturing and mi						(2) Exporter	
				146			(3) Farm-products assembler	
f.	Business users for con	sumptio	on, not for				(4) Merchant wholesale distributor or jobber	
	resale			147			c. Manufacturers' sales branches and offices	
a	Farmers (for farm use)			. 7/			d. Agent, broker, and commission merchant	
9.	- annote (for failiff use)			148			(1) Auction company	
h	Household consumers	and in	dividual				(2) Broker (representing buyers and sellers)	
n.	Household consumers users	and inc	uiviuuai				(3) Commission merchant	
				149			(4) Import agent	
i.	Builders and contracto	rs					(6) Manufacturers' agent	
				150			e. Other broker or agent – Specify type	
j. Governmental bodies (Federal, State, and local)								
k. TOTAL (Sum of lines a through j					100%			

Form WH-5192 Census File Number If not shown, please enter your 11-digit Census File Number from the address label on page 1 Item 13. COMMODITY LINES Item 14. LEGAL FORM OF ORGANIZATION Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases) Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box. 1 Individual owner (sole proprietorship) If figure is **38.76%** of Per-Bil. Mil. | Thou. | Dol. ноw то total sales 2 Partnership REPORT Report whole percents 39 **PERCENTS** Not acceptable 38.76 3 Cooperative association (taxable) ESTIMATES are acceptable. Report dollars OR percents. Cen-4 Cooperative association (tax-exempt) Commodity lines SUS Per-Bil. Mil. l Thou. cent 100 101 102 5 Government - Specify 1. Books, periodicals, newspapers, and miscellaneous printed O Corporation (Do not mark if any form of cooperative association) materials a. Books 6101 9 Other - Specify b. Other periodicals, newspaper, and miscellaneous printed materials 6102 Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION **c. Total** (Sum of lines 1a and 1b) a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero? 6100 2. Flowers and florists supplies 6110 **3.** Toys and hobby goods and supplies 1 Yes - Complete this item 2800 2 No - Skip to item 16 4. Compact discs, prerecorded audio tapes, and phonograph records Enter name, address, and EIN of the owning or controlling company b. Is this company owned or controlled by another company? 3130 **5.** Prerecorded video tapes video discs, and video cassettes 3140 **6.** Stationery, office supplies, and greeting 3300 7. Art materials (including novelties and souvenirs) 6120 8. Household china, glassware, crockery, 1 Yes -2 No and plastic 0500 9. Electronic parts and equipment, except communication 1600 10. Hardware 1700 **11.** Photographic equipment and supplies (excluding video) EIN (9 digits) c. Does this company own or control any other company or companies? 0800 Enter name, address, and EIN of the owned or controlled company 5800 12. Farm supplies **13.** Miscellaneous commodities – *Specify* 9811 077 9812 078 098 1 ☐ Yes → 9813 C. 2 No Service receipts and labor charges (including installed parts) 9700 15. Rental and operating lease receipts 9940 **16. TOTAL** (Should equal item 4a if reporting in dollars) EIN (9 digits) 9990 100% ITEM 15 CONTINUED ON PAGE 4

Page 3

	em 15. OWNERS											Number	r				
d.	How many estab	olishments ected in ite	operated urem 1) AT TH	der the	Employer Ide	entifi	cation Nu	mber shown i	n the		079						
	If more than one,	provide the	physical loc	ation a	ddress and oth	ner inf	ormation in	ndicated below	for								
	each establishmer room is needed, c	nt. The head	dquarters loca	tion sho	uld be first, fol	llowed	d by all othe	er locations. If	more								
	Estimates are ac					·											
	Name									1997	Mil.	Thou.	Dol.				
	Name									1557	081	1110u. 	DOI.				
	Number and street	t							!	Sales		1					
	C't-					Ct		71D C 1 -		Annual payroll	082	1					
	City					Sta	te	ZIP Code	-	-	employ	ees for	nav				
1	Kind-of-business d	escription								period	l includ	ing Mar	ch 12				
		·															
											088						
	Type of operation	(choose fro	m item 12)														
											089						
	Name									1007	Mil.	Thou.	Dol.				
	Name								-	1997	081	i nou.	DOI.				
	Number and street	t								Sales		<u> </u>					
	City					Sta	te	ZIP Code	-	Dayroll	employ	ees for	nav				
2	Kind-of-business d	escription										ing Mar					
									(083							
											088						
	Type of operation	(choose fro	m item 12)							Cen-	000						
										sus use	089						
										1007							
	Name								_	1997	Mil. 081	Thou.	Dol.				
	Number and street	t								Sales		I I					
									,	Annual	082	1					
	City					Sta	te	ZIP Code	<u> </u>	payroll		İ	İ				
3	Kind-of-business d	escription								Paid period	employ I includ	ees for ing Mar	pay ch 12				
	Time of Submood a	occupation							(083							
	Type of operation	(choose fro	m item 12)							Cen-	088						
										sus	089						
R	EMARKS – Please	use this spa	ace for any ex	planatio	ns that may be	e esse	ntial in und	derstanding yo	ur reported data.								
10	om 16 CERTIFIC	ATION TO	io roport is so	hotonti s l	ly aggregate and	d ber	hoon neer	arod in account	ungo with in the state of	one							
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	elephone																
Si	gnature of authoriz	ed person								Date							